

CREATE INTERSTATE MEDICAL LICENSURE COMPACT

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House Bills 4582 & 4583 as introduced
Sponsor: Rep. Jim Tedder
Committee: Health Policy
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Analysis available at
<http://www.legislature.mi.gov>

REVISED SUMMARY:

The bills would create a new section of the Michigan Public Health Code to enact into law the "Interstate Medical Licensure Compact."

House Bill 4583 is 'model legislation', enacted in 12 state legislatures across the nation during the past year, and now under consideration in at least eight more states. The 'model legislation' is advanced by the Federation of State Medical Boards (<http://www.fsmb.org/>). See **Background Information** below.

House Bill 4582 is complementary legislation. The bills are tie-barred, so that neither could go into effect unless the other were also enacted into law. They would go into effect 90 days after they were enacted.

A detailed description of each bill follows.

House Bill 4583

Purpose. In order to strengthen access to health care, and in recognition of the advances in the delivery of health care (such as mobile physician teams and telemedicine to allow physicians to diagnose and treat the sick who live in underserved regions), the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, and provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The compact creates another pathway for licensure, but does not otherwise change a state's existing medical practice act. The bill specifies that the compact also adopts the prevailing standard for licensure, and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located.

House Bill 4583—a new act comprising 24 sections—describes in detail an alternative licensing process for allopathic and osteopathic physicians that promises to speed their licensure allowing them to practice medicine in many states.

Section 2 – Definition. This section of the bill defines 15 terms, including '*physician*,' '*interstate commission*,' '*medical practice act*,' '*member state*,' '*offense*' and '*rule*.'

Section 3 – Eligibility. This section defines the eligibility requirements a physician must meet to receive an expedited license under the terms and provisions of the compact.

Section 4 – Designation of State of Principal License. This section requires a physician to designate a 'member' state as the state of principal license for purposes of registration—the state of primary residence where at least 25 percent of the physician's practice of medicine occurs.

Section 5 –Application and issuance of expedited licensure. This section describes the protocol a physician seeking licensure through the compact must follow, including the filing of an application for an expedited license, registration, verification of eligibility, and payment of fees.

Section 6 –Fees for expedited licensure. This section allows a 'member state' that issues an expedited license authorizing the practice of medicine in that state to impose a fee for the license issued (or renewed) through the compact. Further, the interstate commission is authorized to develop rules regarding fees for expedited license.

Section 7 – Renewal and Continued Participation. This section describes the manner in which an eligible physician would renew an expedited license with the interstate commission—including a clean controlled substance license, compliance with all continuing professional development or continuing medical education requirements, and payment of renewal fees.

Section 8 –Coordinated Information System. This section requires the interstate commission to establish a database of all physicians licensed, and all who have applied for expedited licensure. The database would entail confidential disciplinary and investigatory information that would be shared among member states.

Section 9 –Joint Investigations. This section authorizes a member board to participate with other member boards in joint investigations of physicians. A subpoena issued by a member state would be enforceable in the other member state, and member states could share investigatory information.

Section 10 – Disciplinary actions. Any disciplinary action taken by any member board against a compact-licensed physician would be deemed unprofessional conduct, and could be subject to discipline by other member boards. Disciplinary action includes revocation of a physician's license in every state where he or she is eligible to practice.

Section 11—Interstate Medical Licensure Compact Commission. This section authorizes the creation of the Interstate Medical Licensure Compact Commission by the member states, to administer the interstate medical licensure compact (a discretionary state function). The Interstate Commission comprises two voting members from each member

state. In states where both allopathic and osteopathic licensing boards operate, the member state would be required to appoint one representative from each licensing board.

This section also describes the organizational structure and internal operations of the Interstate Commission. For example, the commission must meet at least once each year, have bylaws, record minutes, provide minutes to members, allot one vote to each commissioner, and only conduct business with a quorum (specified as a "majority of commissioners") present. Further, commission meetings would have to provide public notice, and be open to the public. (However, the bill describes seven instances in which the commission could work in a closed session.) Information and official records (to the extent not otherwise designated in the compact or its rules) would have to be available to the public for inspection. Finally, the commission would be required to have an executive committee and officers, who would have the power to act on behalf of the Interstate Commission, with the exception of rulemaking.

Section 12—Powers & Duties of the Interstate Commission. This section describes in detail the powers and duties of the commission, including, upon the request of a member state or a member board, the issuance of advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules, and actions. Further, the commission would develop a budget, and report annually to the legislatures and governors of the member states about the activities of the Interstate Commission during the preceding year. These reports would have to include reports of financial audits.

Section 13—Finance Powers. This section specifies that the Interstate Commission may collect an annual assessment from each member state to cover the costs of the operations and activities on the commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year. The aggregate annual assessment amount must be allocated using a formula to be determined by the Interstate Commission, which would promulgate a rule binding upon all member states.

Section 14—Organization & Operation of the Interstate Commission—Immunity from Liability. This section further describes the commission's internal operations, including its elected officers who serve without compensation.

Further, the section specifies that the "officers and employees of the interstate commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of interstate commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person."

Under the model legislation, the Interstate Commission would be required to defend its employees when they were sued, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

The bill also specifies that to the extent not covered by the state involved or the interstate commission, the representatives or employees of the Interstate Commission would be held harmless in the amount of a settlement or judgment, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

Section 15—Rulemaking Functions of the Interstate Commission. This section authorizes the Interstate Commission to promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the compact. The rules deemed appropriate must be made under a rule-making process that conforms to the "Model State Administrative Procedure Act" of 2010 (and subsequent amendments). Within 30 days of a rule's promulgation, a person may file a petition for judicial review of the rule.

Section 16 –Oversight of Interstate Compact. The executive, legislative, and judicial branches of state government in each member state would enforce the compact, and would be required to take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provision of the compact and rules would have standing as statutory law, but would not over-ride existing state authority to regulate the practice of medicine.

Section 17—Enforcement of Interstate Compact. The Interstate Commission may, by a majority vote of the commissioners, initiate legal action in the U.S. District Court for the District of Columbia, or in the federal district where the interstate commission has its principal office, to enforce compliance with the provisions of the compact, and its promulgated rules and bylaws, against a member state in default.

Section 18—Default Procedure. This section describes in detail the manner in which a member state could default on its compact responsibilities, and the process the Interstate Commission would be required to follow with the defaulting state, including to provide remedial training and specific technical assistance regarding the default. If a state failed to cure the default, it would be terminated from the compact, upon a vote by a majority of the commissioners.

Section 19 – Dispute Resolution. This section requires the Interstate Commission to promulgate rules that provide both mediation and binding dispute resolution.

Section 20—Member states, effective date and amendment. The bill specifies that the compact becomes effective and binding, after legislative enactment into law by no less than seven (7) states. [The Federation of State Medical Boards has surpassed this threshold.] The governors of non-member states (or their designees) are invited to participate in the activities of the Interstate Commission on a non-voting basis, before a state adopts the compact.

Section 21 –Withdrawal. To withdraw from the compact, a state legislature would repeal the statute that enabled the compact's creation. A state considering repeal would be

required to notify the Interstate Commission, which in turn would notify the other member states.

Section 22—Dissolution. The compact would dissolve when its members was reduced to one member state.

Section 23—Severability & Construction. The bill specifies that the provisions of the compact are severable. Consequently, if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions are enforceable. The provisions of the compact are intended to be liberally construed, and nothing in the compact is intended to prohibit other state compacts in member states.

Section 24—Binding effect of compact and other laws. This section specifies, among other things, that all laws in a member state that are in conflict with the compact are superseded to the extent of the conflict. Further, all lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the commission, are binding upon the member states.

House Bill 4582

House Bill 4582 would amend the Michigan Public Health Code to specify that any allopathic physician who holds an expedited license under the Interstate Medical Licensure Compact is authorized to engage in the practice of medicine, while any osteopathic physician who holds an expedited license is authorized to practice osteopathic medicine and surgery. Further, an individual who has an expedited license is considered a physician who is licensed under the code.

MCL 333.17001 & 333.17501

BACKGROUND:

For more information about the interstate medical licensure compact, including its impetus, its authors, and the state legislatures that have adopted it during the past year, please visit these websites:

<http://www.licenseportability.org>

<http://www.fsmb.org/policy/advocacy-policy/interstate-model-proposed-medical-lic>

FISCAL IMPACT:

House Bill 4583 (H-1) would have a significant, yet indeterminate, fiscal impact on the Department of Licensing and Regulatory Affairs (LARA) to the extent that the Interstate Medical Licensure Compact would provide a supplementary process for the licensure (i.e., "expedited licensure") of physicians practicing medicine across state lines. The direction and degree of the fiscal impact would be dependent on the following, currently unknown, variables and considerations:

- The number of physicians located within Michigan who would apply for expedited licensure through the Compact to practice medicine in other states; these

applications would be received and evaluated by LARA who, apparently according to the Compact, would not collect any fees.

- The number of physicians located within other states who would apply for expedited licensure through the Compact to practice medicine in Michigan; these applications would be received and evaluated by other state licensing authorities and would be accompanied with fees imposed by LARA.
- The costs to receive and evaluate applications from physicians located within Michigan for expedited licensure to practice medicine in other states (currently, LARA does not have a significant role or responsibilities related to physicians applying for licensure to practice in other states).
- The costs to issue expedited licenses to physicians located within other states to practice medicine in Michigan and how these costs compare to the costs, under current law, to issue medical licenses under reciprocity agreements with other states.
- Whether Michigan is empowered to determine the amount of fees charged to issue expedited licenses or if the state may only impose fees determined by the Interstate Commission and, if the latter, how those fees compare with LARA's costs to issue expedited licenses (the fees currently collected for MD and DO licensure are more than sufficient to offset LARA's costs to license and otherwise regulate MDs and DOs).
- The costs for LARA to develop, implement, and maintain new licensing database applications to interface with the Interstate Commission's Coordinated Information System
- The costs for LARA to participate in joint investigations and disciplinary actions related to physicians located within other states (the Compact does not explicitly authorize LARA to levy fines and penalties on these physicians).
- The amount of the annual assessment levied by the Interstate Commission on the state to offset the Commission's administrative and information technology costs.

The Interstate Commission is permitted to collect assessments from member states, which would increase state costs by an unknown amount.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.